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REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL 638 HEALTH FACILITIES

AHCCCS will reimburse the Indian Health Service (IHS) and tribal 638 health facilities based on the following reimbursement methodologies reflected in Table 1.

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As Table 1 illustrates, the methodologies may differ depending on a specific situation. The various situations reflect whether:

- The services include or exclude professional services.
- The IHS or tribal 638 health facility is set up to bill outpatient services with specific coding and requests this format

Based on CMS guidance, all covered services provided by IHS and tribal 638 health facilities (including employees, agents, or contracted providers outside of the facilities) are claimed by the state at 100% FMAP so long as the IHS and tribal 638 health facilities bill for the services. The outpatient All-Inclusive Rate (AIR) published in the Federal Register is paid for up to five (5) eligible encounters/visits per recipient per day. Eligible encounters/visits are limited to the AHCCCS-registered IHS and tribal 638 health facilities that provide covered services to Medicaid members. The encounters/visits will be differentiated based on the patient account numbers that are assigned for each encounter/visit. Encounters/visits include covered telemedicine services.

Where the IHS and tribal 638 health facilities have an option for reimbursement rate, the appropriate reimbursement rates will be in effect for the entire calendar year. If a change is determined necessary by an IHS or tribal 638 health facility, the facility must submit to AHCCCS a written request for a change in reimbursement for the next calendar year by December 15 of the preceding year. Reimbursement changes will apply to all services billed by the provider type, except those otherwise indicated in the table below. When an IHS or tribal 638 health facility elects reimbursement at the Total Outpatient Cost Per Visit¹ for outpatient hospital services, the most recent cost report for the facility will be utilized.

Services provided outside the boundaries of the IHS or tribal 638 health facility when provided by employees of the facility or when provided by the facility through a contractual agreement are claimable by the state at 100% Federal Financial Participation (FFP) and are payable according to the reimbursement rates reflected in Table 1, regardless of place of service.

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TABLE 1 – IHS & TRIBAL 638 HEALTH FACILITY OUTPATIENT REIMBURSEMENT METHODOLOGY²

Eligibility Type	Service	Billing Form/Codes	Reimbursement	Provider Type	Federal Share
Title XIX (Acute and Long Term Care)	Outpatient Hospital (including behavioral health & observation stays)	UB04	Outpatient AIR OR AHCCCS Capped Fee Schedule	02	100%

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		<u>OR</u> <u>Total Outpatient Cost Per Visit¹</u>		
<u>Clinic (including behavioral health)</u>	<u>UB04</u>	<u>Outpatient AIR</u> <u>OR</u> <u>AHCCCS Capped Fee Schedule</u>	<u>05.77</u>	<u>100%</u>
<u>Ambulatory Surgery Center (ASC)</u>	<u>1500</u>	<u>ASC Rate</u>	<u>02.43</u>	<u>100%</u>
<u>Professional Services</u>	<u>1500;</u> <u>HCPCS/CPT</u> <u>Codes</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>Any AHCCCS-</u> <u>registered</u> <u>professional</u>	<u>100%</u>
<u>Wound Care Technology</u>	<u>1500</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>02.05</u>	<u>100%</u>
<u>Transportation (non-emergency)</u>	<u>1500</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>28.77.05.40</u>	<u>100%</u>
<u>Transportation (emergency)</u>	<u>1500</u>	<u>Outpatient AIR</u> <u>OR</u> <u>AHCCCS Capped Fee Schedule</u> <u>OR</u> <u>Specially Contracted Rate</u>	<u>06</u>	<u>100%</u>
<u>Pharmacy</u>	<u>UB04</u>	<u>Outpatient All-Inclusive Rate</u>	<u>02 or 05</u>	<u>100%</u>
<u>Home Health Agency services provided by a provider other than a Registered Nurse, Physician Assistant or Nurse Practitioner</u>	<u>1500;</u> <u>HCPCS/CPT</u> <u>Codes</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>AHCCCS Registered Provider</u>	<u>100%</u>
<u>Home Health Agency services provided by a Registered Nurse, Physician Assistant or Nurse Practitioner</u>	<u>1500;</u> <u>HCPCS/CPT</u> <u>Codes</u>	<u>Outpatient AIR</u>	<u>AHCCCS Registered Provider (refer to AHCCCS policy for certification requirements)</u>	<u>100%</u>
<u>Durable Medical Equipment</u>	<u>1500;</u> <u>HCPCS/CPT</u> <u>Codes</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>30</u>	<u>100%</u>
<u>Dialysis</u>	<u>UB04</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>41</u>	<u>100%</u>
<u>Skilled Nursing Facility</u>	<u>UB04</u>	<u>AHCCCS Capped Fee Schedule</u>	<u>22</u>	<u>100%</u>

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Title XIX (Behavioral Health)					
<u>Licensed Professional Services</u>	1500; HCPCS/CPT Codes	AHCCCS Capped Fee Schedule	<u>When billing independently</u>		<u>100%</u>
<u>Transportation (emergency)</u>	1500	<u>Outpatient All-Inclusive Rate</u> OR AHCCCS Capped Fee Schedule OR <u>Specially Contracted Rate</u>	<u>06</u>		<u>100%</u>
<u>Transportation (non-emergency)</u>	1500	AHCCCS Capped Fee Schedule	<u>28, 77, 05, 40</u>		<u>100%</u>
<u>Pharmacy</u>	UB04	<u>Outpatient All-Inclusive Rate</u>	<u>02 or 05</u>		<u>100%</u>
<u>Case Management</u>	1500	Behavioral Health Fee Schedule OR <u>Specially Contracted Rate for TRBHA (72)</u>	<u>72, 73, 77, 85, 86, 87, A4</u>		<u>100%</u>
<u>Residential Treatment Center</u>	UB04	<u>Behavioral Health Fee Schedule</u>	<u>B2, B3, 78, B1, B5</u>		<u>100%</u>
<u>Level III Behavioral Health Residential - Respite Care</u>	1500	<u>AHCCCS Capped Fee Schedule</u>	<u>A2</u>		<u>100%</u>
<u>Level III Behavioral Health Residential - Counseling Services</u>	UB04	<u>Outpatient All-Inclusive Rate</u>	<u>A2</u>		<u>100%</u>

¹ Total Outpatient Cost Per Visit is defined as the facility-specific, outpatient all-inclusive rate reported to IHS Headquarters in order to calculate the national Outpatient All-Inclusive Rate on annual basis.

² Telemedicine services are reimbursed in accordance with the tables above.

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Statewide Cost to Charge Rate

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*Note-Telemedicine services are reimbursed in accordance with the tables above.

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TABLE 2 – ‘638 TRIBAL FACILITY OUTPATIENT REIMBURSEMENT METHODOLOGY

Eligibility Type	Service	Billing Form/Codes	Reimbursement
Title XIX (Acute)	Outpatient Hospital (including professional services)	1500 / 00099	OMB Outpatient Rate
	(or) Outpatient Hospital (excluding professional services)	(or) UB-92 – Specific revenue codes	(or) Statewide Cost to Charge Rate
	Clinic (including professional services)	1500 / 00099	OMB Outpatient Rate
	(or) Clinic (excluding professional services)	(or) 1500 / CPT codes	(or) AHCCCS Capped Fee Schedule
	Ambulatory Surgery Center (including professional services)	1500 / 00090-00098	OMB ASC Rate
(or) Ambulatory Surgery Center (excluding professional services)	(or) 1500 / CPT codes	(or) AHCCCS Capped Fee Schedule (Medicare ASC Rate)	
	Professional Services (services included in procedure bill)	1500 / HCPCS/CPT Codes	AHCCCS Capped Fee Schedule
Title XIX (Long Term Care)	Outpatient Hospital (including professional services)	1500 / 00099	OMB Outpatient Rate
	(or) Outpatient Hospital (excluding professional services)	(or) UB-92 / Specific revenue codes	(or) Statewide Cost to Charge Rate

	Clinic(including professional services) (or) Clinic (excluding professional services)	1500 / 00099 (or) 1500 / HCPCS/CPT codes	OMB Outpatient Rate (or) AHCCCS Capped Fee Schedule
	Professional Services (services included in procedure billed)	1500 / HCPCS/CPT Codes	AHCCCS Capped Fee Schedule
	HCBS Services	1500 / HCPCS or AHCCCS specific codes	AHCCCS Capped Fee Schedule
	Transportation (Air & Ground)	1500 / HCPCS codes	AHCCCS Capped Fee Schedule
	Transportation (Non-Ambulance)	1500 / HCPCS/AHCCCS specific codes	AHCCCS Capped Fee Schedule
Title XIX (Behavioral Health)	Outpatient Hospital (including professional services) (or) Outpatient Hospital (excluding professional services)	1500 / 00099 (or) UB-92 / Specific revenue codes	OMB Outpatient Rate (or) Statewide Cost to Charge Rate
	Clinic (including professional services) (or) Clinic (excluding professional services)	1500 / 00099 (or) 1500 / HCPCS/CPT codes	OMB Outpatient Rate (or) AHCCCS Capped Fee Schedule
	Professional Services	1500 / HCPCS/CPT Codes	AHCCCS Capped Fee Schedule
	Transportation (Air & Ground)	1500 / HCPCS codes	AHCCCS Capped Fee Schedule
	Transportation (Non-Ambulance)	1500/HCPCS/AHCCCS codes	AHCCCS Capped Fee Schedule

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